

**Advanced Photon Source
Beam Time Access System**

Blank General User Proposal Forms

Page 2 — Default form

Page 9 — Macromolecular crystallography form
(shown if question answered yes on opening screen)

General

Experimenters

Abstract

Beamtime Request

Questions

Review Panel

Review

Proposal : GUP-21919

*Proposal Title:

Shifts Recommended by PRP:

not available

Shifts Allocated by BAC
or Scheduled by Beamline
in current cycle

(0)

Shifts Used
to date:

(0)

Shifts Remaining: not available

Do you want this proposal to be considered for project status? [description](#)

Yes ☐ No ☒

Does this proposal require [mail-in service](#)?

Yes ☐ No ☒

*Does this research involve macromolecular crystallography (single crystals) ?

Yes ☐ No ☒

*Will the data collected be considered proprietary ?

Yes ☐ No ☒

*Will the data collected be considered classified ?

Yes ☐ No ☒

Does this research involve human subjects or materials ?

Yes ☐ No ☒

Does this research involve live animals ?

Yes ☐ No ☒

*Are there known safety hazards associated with the
proposed experimental procedures or your samples ?

Yes ☐ No ☒

Is this research required for a student's thesis ?

Yes ☐ No ☒

*Is this proposal related to another general user proposal ?
If so, which one(s) and how ?

Yes ☐ No ☒

(500 characters or less)

*Subject of
Research:

☐ Materials science

☐ Physics

☐ Chemistry

☐ Polymers

☐ Medical applications

☐ Biological and life sciences

☐ Earth sciences

☐ Environmental sciences

☐ Optics (excluding x-ray optics)

☐ Engineering

☐ Instrumentation related to user facilities

☐ Purchase of specialty service or materials

☐ Other (specify)

Specify Other :

Generate Report

Copy Proposal

Next

Pressing SAVE will allow you to save this proposal and continue to make changes. Notifications will not be sent.

Save

Pressing SUBMIT will save this proposal AND notifications will be sent to the APS. No changes can be made thereafter.

Submit

GUP # :21919

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Review Panel

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Proposal : GUP-21919

Spokesperson:

[Find](#)

First Name :

Last Name

*Phone:

*Email

*Badge

Institution:

Mailing Address:

Experimenters
Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Experimenters
Not Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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[Generate Report](#)

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General

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Proposal : GUP-21919

You may attach supporting PDF documents to this proposal. [Click here to attach/detach files](#)

List of Attachments Abstract of Proposed Research

NOTES :

- You **MUST** have an abstract below. Attaching only a PDF is not enough.
- Abstract **MUST** be less than 4000 characters including spaces.
- The abstract and proposal title may become public information.
- Don't enter any carriage return.

Characters Remaining :

Back

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Save

Submit

GUP # :21919

Proposal : GUP-21919

[Rapid Access Description](#) [Make New Request](#)

Total 8-hour shifts requested for the LIFE OF THE PROPOSAL	<input type="text"/>
Total 8-hour shifts recommended by the Proposal Review Panel for the LIFE OF THE PROPOSAL :	not available
Total shifts used and allocated (or scheduled)to date:	0
Number of the shifts remaining	not available
*For which scheduling period are you applying?	<div><div></div><div></div></div> Status :
Techniques Required:	<div><div></div><div></div><div></div></div>
*Choice Of Beamline:	<div><div>Beamline Selection</div>1st <div>Beamline Selection</div>2nd <div>Beamline Selection</div>3rd</div>
*Please select the instrument based on your beamline selection:	<div><div></div> For 1st beamline <div></div> For 2nd beamline <div></div> For 3rd beamline</div>
Any appropriate beamline	<input checked="" type="checkbox"/>
*Number of 8-hour shifts requested for THIS scheduling period	<input type="text"/>
Minimum number of usable shifts per visit:	<input type="text"/>
Do you have specific scheduling requirements ?	<div></div>
What equipment is required ? What equipment will you bring ?	<div></div>
Please list any new publications resulting from your work at the APS.	<div></div>
Describe the progress made during your most recent beamtime. (2000 characters including spaces)	<div></div>
Prefered Dates (MM/DD/YYYY)	<div><div>From</div><div>To</div><div><div></div>to<div></div></div><div><div></div>to<div></div></div><div><div></div>to<div></div></div></div>
Unacceptable Dates (MM/DD/YYYY)	<div><div>From</div><div>To</div><div><div></div>to<div></div></div><div><div></div>to<div></div></div><div><div></div>to<div></div></div></div>

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Submit

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Proposal : GUP-21919

Please specify the funding source(s) for your proposed research:

- ☐ DOD (specify)
- ☐ DOE, Office of Basic Energy Sciences
- ☐ DOE, Office of Biological and Environmental Research
- ☐ DOE, Other (specify)
- ☐ Foreign (specify)
- ☐ HHHH
- ☐ Howard Hughes Medical Institute (HHMI)
- ☐ Industry
- ☐ NASA
- ☐ NIH
- ☐ NSF
- ☐ Other U.S. Government
- ☐ USDA
- ☐ Other (specify)
- Specify Other:

What is the scientific or technical purpose and importance of the proposed research? (limit : 500 words)

Why do you need the APS for this research? (limit : 100 words)

Why do you need the beamline you have chosen? (limit : 100 words)

Describe the participants' previous experience with synchrotron radiation and the experimental results obtained. (If you refer to previous publications, be sure to include complete citations.) (limit : 100 words)

Describe the proposed experiment(s), including samples and procedures, and explain the basis for your estimate of the amount of beam time needed. (limit : 500 words)

Provide an overall estimate of the amount of beam time you will need to accomplish the goals of your proposed experimental program. How many visits during the two-year proposal period do you expect to need? How many shifts will you need during each visit (approximately)? (limit : 500 words)

References (limit : 1000 characters)

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Please select the panel that you think is best suited to review your proposal.

You may click [here](#) to see panel descriptions.

- ☐ Imaging/Microbeam
- ☐ Scattering - Applied Materials
- ☐ Scattering - Condensed Matter
- ☐ Scattering - Chem/Biol/Environ
- ☐ Small Angle Scattering (SAXS)
- ☐ Spectroscopy
- ☐ Instrumentation
- ☐ TEST PANEL
- ☐ High Pressure

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GUP # :21919

Proposal # : GUP-21919

Proposal Title : screen shot

Panel :

Primary Reviewer : **Not Assigned**

Overall Rating : Required (You may use a decimal in your rating)

Adjusted Rating :

Rating Scale 1=Extraordinary, 2=Excellent, 3=Good, 4=Fair, 5=Poor

Maximum # of recommended shifts for a cycle:

Recommended total shifts for the proposal:

Total Used Beamtime Shifts: 0

Comments to spokesperson (limit : 4000 characters, including spaces etc.):

Comments to BAC (problems or special issues; not sent to spokesperson; limit : 4000 characters, including spaces etc.):

Comments to the User Office (limit : 4000 characters, including spaces etc.):

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N/A

Shifts Allocated by BAC
or Scheduled by Beamline
in current cycle

(0)

Shifts Used
to date:

(0)

Shifts Remaining: N/A

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Yes ☐ No ☒

Does this proposal require [mail-in service](#)?

Yes ☐ No ☒

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Yes ☒ No ☐

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Does this research involve live animals ?

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Specify Other :

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Proposal : GUP-21919

Spokesperson:

[Find](#)

First Name :

Last Name

*Phone:

*Email

*Badge

Institution:

Mailing Address:

Experimenters
Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Experimenters
Not Coming to APS:

	Badge	First Name	Last Name	Affiliation	Phone	Email	Delete
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Find	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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[Rapid Access Description](#)

[Make New Request](#)

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Number of the shifts remaining	N/A																
*For which scheduling period are you applying?	<input type="text"/> Status :																
Techniques Required:	<input type="text"/> <input type="text"/> <input type="text"/>																
*Choice Of Beamline:	Beamline Selection <input type="text"/> 1st Beamline Selection <input type="text"/> 2nd Beamline Selection <input type="text"/> 3rd																
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	<input type="text"/>		<input type="text"/>														
	<input type="text"/>		<input type="text"/>														
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From		to	To														
	<input type="text"/>		<input type="text"/>														
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	<input type="text"/>		<input type="text"/>														

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Which of these categories fit your proposal? Check all that apply (This information will be used for reviewer selection).

- ☐ Viruses
- ☐ Membranes
- ☐ Large Assemblies
- ☐ Complexes
- ☐ Nucleic Acids
- ☐ Structural Genomes
- ☐ High Resolution
- ☐ Time Resolved
- ☐ Education
- ☐ Instrumentation
- ☐ General

What is the scientific or technical purpose and importance of the proposed research? (limit : 500 words)

Why do you need the APS for this research? (limit : 100 words)

Why do you need the beamline you have chosen? (limit : 100 words)

Describe the participants' previous experience with synchrotron radiation and the experimental results obtained. (If you refer to previous publications, be sure to include complete citations.) (limit : 100 words)

Provide an overall estimate of the amount of beam time you will need to accomplish the goals of your proposed experimental program. How many visits during the two-year proposal period do you expect to need? How many shifts will you need during each visit (approximately)? (limit : 500 words)

References (limit : 1000 characters)

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Proposal : GUP-21919

List of
Samples

Sample name and type of molecule must be entered if any other sample related data is to be saved.

Sample Name

Type of molecule: ☐ Protein ☐ DNA ☐ RNA ☐ Virus ☐ Prion ☐ Toxin ☐ Complex of type ☐ Other

Unit Cell Information

Space Group :

a :

b :

c :

A

A

A

alpha :

beta :

gamma :

Crystal Size and Quality

mm by

Resolution Limit

Mosaicity

mm by

A

Degree

mm

Safety Information

Bio Safety Level:

Known
Biohazard:

Experimental Needs

Desired Energy:

Crystal Cryo-Freezing Conditions:

Structure Solution Strategy:

☐

MIR - elements

☐

MAD - elements

☐

Molecular Replacement

☐

High Resolution - Resolution Desired

☐

Other

Crystal mounting method and type of pins

☐ Yale

☐ Hampton

☐ 1/8 inch or 3 mm pin

☐ Other

Please specify the funding source(s) for this sample:

☐ DOD (specify)

☐ DOE, Other (specify)

☐ Howard Hughes Medical Institute (HHMI)

☐ NIH

☐ USDA

☐ DOE, Office of Basic Energy Sciences

☐ Foreign (specify)

☐ Industry

☐ NSF

☐ Other (specify)

☐ DOE, Office of Biological and Environmental Research

☐ HHIH

☐ NASA

☐ Other U.S. Government

Specify Other :

[Add Another Sample](#)

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GUP # :21919

avg:

Final Score:

0.00

Comments to spokesperson

Total Used Beamtime Shifts

0

Rating Scale

Quality Of Research	Impact Of Research	Need for Third Generation Synchrotron	Potential for Publication
<ul style="list-style-type: none"> • Highly Innovative and of great scientific importance (1) • High quality and cutting edge (2) • Near cutting edge (3) • Interesting (4) • Not well-planned or not feasible (5) 	<ul style="list-style-type: none"> • Revolutionary (1) • Significant (2) • Important (3) • Minimal (4) • Insignificant (5) 	<ul style="list-style-type: none"> • Essential(1) • Highly desirable for success of experiment(2) • Beneficial (3) • Not required (4). • Need is not clear(5) 	<ul style="list-style-type: none"> • Very high in a leading scientific journal(1) • High in a leading scientific journal(2) • Strong in a non-leading scientific journal(3) • Likely(4) • Not Likely(5)

ANL